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8791 7590 11/26/2010

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/724,346	11/26/2003	Kwang Jae Lim	51876P425	9981

TITLE OF INVENTION: APPARATUS AND METHOD FOR TRANSMITTING PACKET IN FORWARD LINK OF MULTIBEAM SATELLITE COMMUNICATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/28/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
THIER, MICHAEL	2617	370-316000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Blakely, Sokoloff, Taylor & Zafman</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ELECTRONICS AND TELECOMMUNICATIONS RESEARCH INSTITUTE REPUBLIC OF KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies One

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number 02266 (Enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature ES Hyman

Date 2/23/2011

Typed or printed name Eric S. Hyman

Registration No. 30,139

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